	EL EXPE	NSE CLAIM			See Instru	ıctions ar	nd Privacy	,						/
STD. 262	REV. 10/92) S NAME	Statemer	nent on Reverse Side				Page 1			of 1				
Billie (Greer										or's Los A	Angeles (Office	
POSITION				CB/ID NUMBER								INDEX NUME	BER	
Director RESIDENCE ADDRESS						Los Angeles					TELEPHONE NUMBER			
KESIDENC	AUDRESS				REFE				G ' 16	701		TELEPHONE	NUMBER	
						300 South Spring Street, Suite 1670			STATE		LIF			
						Los Angeles				CA		90013		
					MEALS	LS			TRANSPORTATION					
MONTH/YEAR LOCATION									CARFARE,				BUSINESS	TOTAL
DATE	TIME	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF	TYPE USED	TOLLS, PARKING	PRIVATE CAR USE		EXPENSE	
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TTPE USED	PARKING	MILES	AMOUNT		FOR DAY
07-Mar	6:00 PM	LA									5	2.23		2,23
13-Mar	12:00 PM	Beverly Hills								10.00	32	14.24		24.2
20-Mar	6:00 PM	LA									12	5.34		5.34
26-Mar	9:00 AM	Norwalk									34	15.13		15.13
26-Mar	6:00 PM	Beverly Hills								10.00	32	14.24		24.24
27-Mar	10:00 AM	Norwalk									34	15,13		15.13
15-Mar	10:00 AM	LA									16	7.12		7,12
						5						0.00		0.00
												0.00		0.00
												0.00		0.00
						<i>,</i>						0,00		0.00
												0.00		0.0
												0.00		0.00
SUBTOTALS		0.00	0.00	0.00	0.00	0.00	0.00	0.00	20.00	165	73.43	0.00	93.43	
COLUM	N CODE (ACC	CTG. USE ONLY)						Yes Freezy					851,308	
CLAIM TOTAL											\$93.43			
PURPO	JRPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)										NORMAL WORK HOURS			
3/7: Sc	ence Center	Event-Took lette	r-Educat	ion	3/27: Ce	erritos Co	ollege/Au	to Deale	rs Grour	id				
		Took letter-Busin				g-Remark	cs-Job De	velopme	ent		PRIVATE \	/EHICLE L	ICENSE NU	JMBER
		ristian Center-Rei												
3/20: Kaiser Permanente Ground Breaking-Remarks-Healthcare											MILEAGE RATE CLAIMED			
3/26: Staffed GAS-Gifts for Guns											0.445			
3/26: Diabetes AssnTook letter-Healthcare											AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER			
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or														
	2000 - Color Color (2000)	ed vehicle was used and i , and that I have met the r							was equal to	o or	PAID BY	REVOLVING I	FUND CHECK N	JUMBER
•		nd seat belt usage.	equirements	as prescribed b	y SAM Section	ons 0/50, 0/5	1,0752, 0753	and 0754			1	11) 3	201	0
_	CICNATURE				DATE		DOMETHOR	OF OFFICER	ADDROVING	FRANCI AND		1,	DATE ,	,

5-4-09 SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES